

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90091 045 ***150.00

DOCUMENT # P00000109532

1. Entity Name
DIAGO MARINE, INC.

Principal Place of Business
2201 N ANDREWS AVENUE EXTENSION #101
POMPANO BEACH FL 33069

Mailing Address
2201 N ANDREWS AVENUE EXTENSION #101
POMPANO BEACH FL 33069

2. Principal Place of Business
11440 NW. 36 PLACE
 Suite, Apt. #, etc.

3. Mailing Address
Stall
 Suite, Apt. #, etc.

City & State
SUNRISE FL
 Zip
33323 Country
USA

City & State

Zip

Country

4. FEI Number
65-1059500

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VIMES, PATRICK
700 E DANIA BEACH BLVD SUITE 202
DANIA FL 33004

7. Name and Address of New Registered Agent

Name
DIAGO, MARIA ESTELA
 Street Address (P.O. Box Number is Not Acceptable)
2201 N. ANDREWS AVENUE EXT 101
 City
POMPANO BEACH FL 33069

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *X Maria Estela Diago*
 Signature, typed or printed name of registered agent and title if applicable.

MARIA ESTELA DIAGO
 (NOTE: Registered Agent signature required when reinstating)

X 4/27/01
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAGO, MARIA ESTELA 2201 N ANDREWS AVENUE EXTENSION #101 POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Maria Estela Diago*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-27-01 *X 743*
 Date Daytime Phone #

CR2E034 (10/00)